

IRREVOCABLE CONSENT FORM
ASSUMED NAME / CO-PARTNERSHIP

Required for business owners that are not Michigan residents
\$2.00 Filing Fee

CARMELLA SABAUGH
Macomb County Clerk
Attn: Business Registrations
40 North Main Street, 1st Floor
Mount Clemens, MI 48043

Date: _____

DBA File No. _____

(TO BE COMPLETED BY CLERK'S OFFICE)

Pursuant to the provisions of Section 445.3 of the Compiled Laws of 1948 as amended, I/we, irrevocably consent that suits and actions may be commenced against me/us in the courts of the State of Michigan by service of any process of pleading authorized by the laws of the State of Michigan on the Clerk of Macomb County, Michigan.

For filing of this consent \$2.00 is enclosed, pursuant to the provisions of this Act.

Assumed Name/Co-Partnership: _____

Signature: _____

Print Name: _____

THE BOTTOM HALF OF THIS FORM WILL BE DESTROYED AFTER CREDIT CARD PAYMENT IS PROCESSED

BUSINESS REGISTRATIONS FILED ONLINE THROUGH VITALCHEK

PAYMENT INFORMATION

I authorize the Macomb County Clerk's Office to charge \$2.00 to my credit card for filing of this Irrevocable Consent Form.

Type of credit card being used:

☐

Visa

☐

MasterCard

☐

American Express

☐

Discover

Cardholder name (please print):

Cardholder signature (REQUIRED):

Date: _____

Credit card number:

Expiration date:

____/____

FAX THIS FORM TO: (586) 469-4751